An Roinn Sláinte
DEPARTMENT OF HEALTH

Annual Report 2012

Tús Áite do Shábháilteacht Othar
Patient Safety First

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Foreword by the Minister for Health

This report sets out the body of work undertaken by the Department of Health in 2012. It is work which has a real and positive impact on the health and wellbeing of our citizens. For this reason I want to acknowledge the work carried out by my officials throughout the year. Their dedication and commitment continues to drive the reform journey which I embarked on in coming into office in 2011.

In November 2012 I published "Future Health: A Strategic Framework for Reform of the Health Service 2012-2016". This strategy sets out the building blocks towards a single tier health service and will shape how our health services are delivered into the future across primary, community and hospital sectors. I am well aware of the challenge of implementing these reforms particularly with the need to reduce costs and at the same time deal with increased demands for public services. The financial pressures on the health system make it even more important that comprehensive health reform is introduced.

Despite these pressures, we are improving and enhancing hospitals and other medical facilities. We are building primary care centres to ensure effective and efficient delivery of services close to people's homes, at the lowest level of complexity and at the lowest cost. Most significantly, we are embarking on the construction of a new Children's Hospital, to the highest international standards, which will provide high quality care for our children and their children to come.

We are revamping the way we fund healthcare using a Money Follows the Patient model, where each patient will be funded on an individual basis, with a corresponding charging regime for private patients. We are reforming the private health insurance market and we will introduce licensing legislation and a robust regulatory framework for healthcare providers.

The ultimate goal of the reforms in *Future Health* is to put in place a system of universal health insurance (UHI), to tackle the core and fundamental inequity in the Irish healthcare system. UHI will provide equal access to healthcare for all, based on need, not ability to pay, to realise the best health outcomes for our people. Under UHI, mandatory health insurance will cover a standard package of primary and hospital care services, including mental health services. The system will be founded on principles of social solidarity, including financial protection, choice, open enrolment, lifetime cover and community rating. We will ensure affordability by paying or subsidising the cost of insurance premiums for people with lower incomes.

The scale of our reform agenda is unprecedented in the history of our country. Underlying all these reforms is not just the need to reduce costs but the need, indeed the duty, to enhance patient safety and make Ireland a healthier place. The long-term financial sustainability of our healthcare system is fundamental to this aim and I am confident we will achieve it.

James Reilly T.D.
Minister for Health

Introduction
Secretary General of the Department of Health

2012 was a very challenging year for us all in the public sector, but in particular, in the health service. Despite these challenges, we made good progress. This Annual Report details that progress.

In November 2012, we published Future Health – A Strategic Framework for Reform of the Health Service 2012 – 2015. In Future Health we set out how we intend to achieve a single tier health service, built on Universal Health Insurance, where care is available based on need, not income.

It is an ambitious programme of reform, historic in scale. But then we have never faced a challenge as big as the one that faces us today. The challenge is not just economic, but societal. A healthy society needs a healthy economy but a healthy economy relies on a healthy society.

During 2012, we made significant progress in developing our all-encompassing policy on health and wellbeing, just as we made significant progress in enhancing and improving our health services. Both these priorities are mutually reinforcing. We must address the broader health issues that affect Irish people – alcohol misuse, tobacco and obesity – not just for today, but for tomorrow and our children. We can't afford not to. However, we will continue to drive improvements in our health service by reforming governance, improving accountability and empowering our staff. We will continue to work closely with the Director General and colleagues in the HSE to achieve this. The people of Ireland deserve nothing less.

Some of the particular results from 2012 include the passing of the Health Insurance Act, which paves the way for the implementation of Universal Health Insurance (UHI) by putting in place a statutory framework for risk equalisation. A strategic board to signpost the way to hospital groups - hospital management frameworks involving both industry and academia – was established. The transition to hospital groups – and eventually hospital trusts – is in itself a reform measure of major proportions.

Government also decided the new Children's Hospital would be located on the St. James's Campus. As important as it is that our existing children's hospitals be merged on to one site, the new model of care that it will inspire is just as important – both will ensure improved health outcomes for our children.

Patient safety continued to be a priority. There were continued improvements in patient services with 25% fewer patients on trolleys and the launch and implementation of HIQA's National Standards for Safer Health Care is very much to be welcomed. Cancer control continued to be prioritised with work on radiation oncology and colorectal cancer and new services for cystic fibrosis patients at St. Vincent's Hospital opened. and the new Emergency Aeromedical Support Service.

We also concluded new agreements with the drugs and medicines industry which would deliver savings of some €120 million in 2013.

After intensive negotiations with relevant representative bodies, we delivered a number of workplace reforms, including the revision of sick leave arrangements and new workplace arrangements for hospital consultants.

At all levels the Department engaged to prepare for the EU Presidency in 2013. A key achievement for the Minister was the publication of the Tobacco Products Directive following close collaboration with other Member States. Minister Kathleen Lynch participated in negotiations which led to the adoption of EU Council conclusions on Healthy Ageing across Europe.

Finally, I want to acknowledge the hard work of everyone in the Department, and the wider health services. We will continue to work together in partnership to create a world-class health service fit for the twenty-first century.

Ambrose McLoughlin
Secretary General

Part 1
Corporate Information

Mission Statement
The overall purpose of the health service is to improve the health and wellbeing of people in Ireland by:

- keeping people healthy
- providing the healthcare people need
- delivering high quality services
- getting best value from health system resources

The Programme for Government sets out an ambitious reform agenda which aims to improve the health system's ability to achieve this core purpose. It commits to developing a universal, single-tier health service which guarantees access to care based on need.

The role and functions of the Department of Health
Our role is to provide strategic leadership for the health service and to ensure that Government policies for the sector are translated into actions and implemented effectively. We support the Minister and Ministers of State in their implementation of Government policy, and in discharging their Governmental, Parliamentary and Departmental duties.

To achieve our goals for the health service, we review and develop policy. Policy implementation may require legislation, which we draft and develop, but it also requires us to evaluate performance. To accurately evaluate performance we manage information (statistics) but we also engage with stakeholders, national and international, in order to get as much information as possible to support evidence-based policy making. Part of performance evaluation also involves us playing our part in governance structures and being accountable for decisions. Above all, we provide leadership for the health service and in that context, communication with stakeholders is vital.

We engage in these activities in order to improve health services so that people get the high-quality and value-for-money health services they need.

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015
The centre of the Government's health reform programme is the creation of a single-tier health service, which is supported by a scheme of Universal Health Insurance (UHI). The Government set out the framework for delivering these reforms in its document "Future Health: A Strategic Framework for Reform of the Health Service 2012-2016", which was published in November 2012. Future Health represents the single most fundamental reform of the health services in the history of the State. It sets out the main building blocks to achieve these reforms which are aimed at restructuring how health services are delivered across primary, community and hospital sectors.

The challenge of ensuring that these reforms are implemented successfully and on target is immense, specifically when considering the need to reduce costs and at the same time deal with increased demands for public services. The financial pressures on the health system make it even more important that comprehensive health reform is introduced. Only in this way can the services people need be delivered, even as the available financial resources diminish. The Health Reform Plan however, is fundamentally changing our health service for the better.

The *Future Health* programme is built on four key interdependent pillars of reform:

(i) **Health and wellbeing**: to keep the population healthy rather than just simply treating ill people;

(ii) **Service reform**: to deliver a new, less hospital focussed model of care, which treats patients safely, at the right time, with value for money, the right service and as close to home as possible.

(iii) **Structural reform**: to implement the steps, including the necessary legal and structural changes to the health system, that will be required to fundamentally shift the model of public health care from a tax-funded system to a combination of UHI and tax funding; and

(iv) **Financial reform**: to ensure that the financing system is based on incentives that are aligned to fairness and efficiency, while reducing costs, improving control and delivering better quality.

Collectively these reforms will result in a major reshaping of the health system, which will positively impact on people through improved health and wellbeing; faster, fairer access to hospital care; free access to GP care; better management of chronic illness; more people treated in their homes and improved quality and safety.

The first phase of actions to be delivered in 2013 involves governance changes, the establishment of Hospital Groups, reforms of the private health insurance market, establishment of a Health and Wellbeing Framework, development of a Money Follows the Patient (MFTP) funding model and the publication of a White Paper on UHI.

Governance
A robust governance framework will be put in place for the Health Reform Programme to co-ordinate implementation in a planned, coherent manner so that all critical dependencies are managed effectively and benefits realised are carefully tracked along the way. The governance arrangements will include a Programme Management Office (PMO) and a Health Reform Programme Board, in the Department of Health and a Systems Reform Group in the HSE. The Programme Board will be chaired by the Secretary General of the Department of Health, and will include senior managers from the Department and Health Service Executive, as well as an independent external expert in programme management.

The Health Reform Programme Board will provide a central overarching coordinating function to drive the reform programme. This will ensure that a structured service-wide approach is taken to implementation with all of the various work streams pulling together to achieve the overall reform objective.

Corporate Data

Staff Numbers
At the end of 2012, there was 383 staff employed in the Department (equivalent to 355.09 full-time equivalents). This is a reduction of 8 staff (or 3% full-time equivalents) when compared to the end of 2011.

Divisions of the Department of Health in 2012
In 2012, there were eight Divisions in the Department. Each Division is headed up by an Assistant Secretary (or equivalent). Together with the Secretary General, who heads up the Department, they form the Management Advisory Committee (MAC). Each Division is comprised of a number of Units. Each Unit is headed up by a Principal Officer (or equivalent). Each Unit has a specific area of responsibility. (See Appendix 7)

Visit www.dohc.ie to see the most current organisation chart.

Disability, Mental Health, Services for Older People, Long Stay Charges, Children Adolescents & Young People with Complex Disabilities	The Division's role is to provide a coherent and integrated approach to policy and service delivery for people with disabilities, and mental health difficulties. It also oversees policy, planning and service delivery for older people.
Primary Care, Drugs Programmes Unit, Drugs Policy Unit, Eligibility, Medicines, Controlled Drugs & Pharmacy Legislation	The Division's role is to promote the development of primary care services, to secure enhanced value for money in the GMS, community drug schemes, dental and optical schemes, and to ensure implementation of legislation and policies in relation to medicine and cosmetics safety, pharmacy services, medical devices, control of illegal drugs as well as lead on the strategic development of policies relating to Eligibility. The Division also oversees the implementation of the National Drugs Strategy, service provision and expenditure in relation to the

	Drugs Initiative allocation, and monitors the work of the Local and Regional Drugs Task Forces.
Cancer & Blood Policy, Private Health Insurance, Universal Health Insurance, Health Reform Unit	The Division develops policy for, and evaluates the provision of, acute hospital services, cancer services and services relating to blood and human tissue. The overall policy goal is to ensure that treatment is provided in a safe, accessible manner in appropriate locations and that targets for levels of service are achieved. It also develops policy for Private Health Insurance and manages ongoing market and regulatory issues including liaison with and oversight of HIA and VHI.
Chief Medical Officer inc Social Inclusion, Health Protection, Food Safety, Health Promotion and Tobacco Control, Patient Safety and Quality, Bioethics, Health and Wellbeing Programme	The Chief Medical Officer's Division provides expert medical and policy advice and assistance to the Minister, Ministers of State and Department and also has responsibility for patient safety & quality, health protection & promotion, tobacco control policy, health and wellbeing, social inclusion and Bio Ethics.
Finance, External/ Internal ICT, Capital, EU/International & Research Policy, Information	The role of the Division includes planning, negotiating and evaluating the annual Health Estimates.
National HR, Professional Regulation Unit, Workforce Planning / Agency Governance and Clinical Indemnity	This Division's role includes Government policy on public service pay, conditions, and employment levels, the Public Service Agreement, legislation and regulatory policy in respect of health professionals, implementation of the EU Directive on the recognition of professional qualifications, workforce planning, governance of health agencies and clinical indemnity.
Human Resources and Corporate Development, Parliamentary Affairs & Communications, Legal Section, Corporate Legislation	This Division manages the delivery of the Department's parliamentary affairs, human resources, staff training and development, corporate services, FoI, ICT, records management and communications functions as well as providing legal advice to the Ministers and the Department.
Special Delivery Unit, Performance, Acute Hospitals, (Scheduled), Performance Improvement (Unscheduled), Framework for Smaller	This Division is responsible for planning and policy development in the area of acute hospitals. It also manages the Special Delivery Unit (SDU) which is tasked with reducing hospital waiting lists and times. The Division provides support to the National Paediatric Hospital Development Board and oversaw the strategic review of the location for the new hospital.

Hospitals, National
Paediatric Hospital/
Strategic Review

Parliamentary Functions
In 2012, the Department dealt with over 7,500 parliamentary questions and received almost the same amount of representations to the Minister and Ministers of State. The Department prepared almost 170 responses to adjournment or topical debates and 350 Leaders' Questions. Almost 350 requests under the Freedom of Information Act were received. The Press and Communications Office received almost 35,000 e-mails and issued 150 press releases. See Appendix 1 for more details.

Compliance with the Prompt Payment of Accounts Act, 1997
In 2012, over 98% of payments were made within 15 days. The total Prompt Payment Interest paid was €98.22. See Appendix 2 for more details.

Public Service Agreement
In 2012 the Department and its agencies contributed to revised integrated action plans under the Public Service Agreement for the health sector and to the Second Progress Report under the PSA including a savings and productivity report which was published in June 2012 and which covered the period April 2011 to March 2012.

The Department worked closely with the HSE on the achievement of a number of workplace reforms within the health service. Agreement was achieved on more cost effective working arrangements for radiographers. In September 2012, after intensive negotiations with the consultants' representative bodies, an agreement on revised work practices was reached at the Labour Relations Commission. The Department also participated with other Government Departments and major public service employers in the industrial relations processes which led to the revision of sick leave arrangements across the public service.

North South Co-operation
There were three Health and Food Sectoral meetings under the auspices of the North South Ministerial Council (NSMC) during 2012 at which Ministers from both jurisdictions discussed progress on areas of co-operation, including radiotherapy services; cancer research; child protection; health promotion; suicide prevention; food safety, GP out of hours services; paediatric congenital cardiac services.

EU Engagement
The Department continued to engage actively at EU and international level to ensure that Ireland's interests in health matters are protected.

In 2012, the Minister and officials participated in negotiations across a range of policy areas. Publication by the EU Commission of new proposals in the areas of transparency of measures regulating the pricing of medicinal products (March 2012), clinical trials (July 2012), and medical devices (September 2012) set the legislative agenda. A key achievement in 2012 was our work with other Member States which culminated in the publication of the Tobacco Products Directive (December 2012). Officials participated in negotiations which led to the

adoption of Council Conclusions on *organ donation and transplantation* and also on *healthy ageing across the lifecycle.*

EU engagement at all levels intensified. Minister Reilly represented Ireland at an Informal Meeting of EU Health Ministers in Horsens, Denmark in April 2012 and participated in discussions relating to, inter alia, cross border health threats; antimicrobial resistance (AMR); patient empowerment; and management of chronic diseases.

The Minister also attended the Health Informal in Nicosia, Cyprus in July 2012. A range of topics were discussed including healthy ageing across the lifecycle, innovative approaches in healthcare and organ donation and transplantation.

Minister Reilly and officials attended the Employment Social Policy Health and Consumer Affairs (EPSCO) Councils in Luxembourg in June 2012 and in Brussels in December 2012. Ireland welcomed a visit of the Conference of Presidents of the European Parliament in November 2012.

Much of the focus for 2012 was finalising arrangements for Ireland's Presidency of the Council of the European Union 2013. By the end of 2012, priorities for the health programme had been agreed and logistical arrangements were in place.

International

During 2012 the Department continued preparations for its Presidency of the Council of the European Union in order to support the work of the World Health Organisation (WHO) in Geneva. Ireland participated in the Governing Body meetings of the WHO, namely two Executive Board meetings of the WHO, the World Health Assembly and the WHO Regional Committee for Europe Meeting. In addition the Department was represented at international meetings covering a wide range of issues. In August 2012, the Minister led a delegation to China which resulted in the signing of a renewed Memorandum of Understanding which will assist in further deepening bilateral co-operation between the two countries.

Statistical Outputs

The Department has a significant internal statistical capacity which supports policy making, planning and management as well as publishing statistical information. *Health in Ireland – Key Trends,* is published each year in booklet format and on the Department's website and provides key data and trends in health status and health service delivery over the previous decade. This publication and more detailed health statistics are maintained on the statistics area of the Departments website - http://www.doh.ie/statistics/

The Department also continued to produce the Public Health Information System (PHIS) which provides a range of health data and tools for analysis. PHIS is available online via the Institute of Public Health's website - http://www.thehealthwell.info/phis-tables

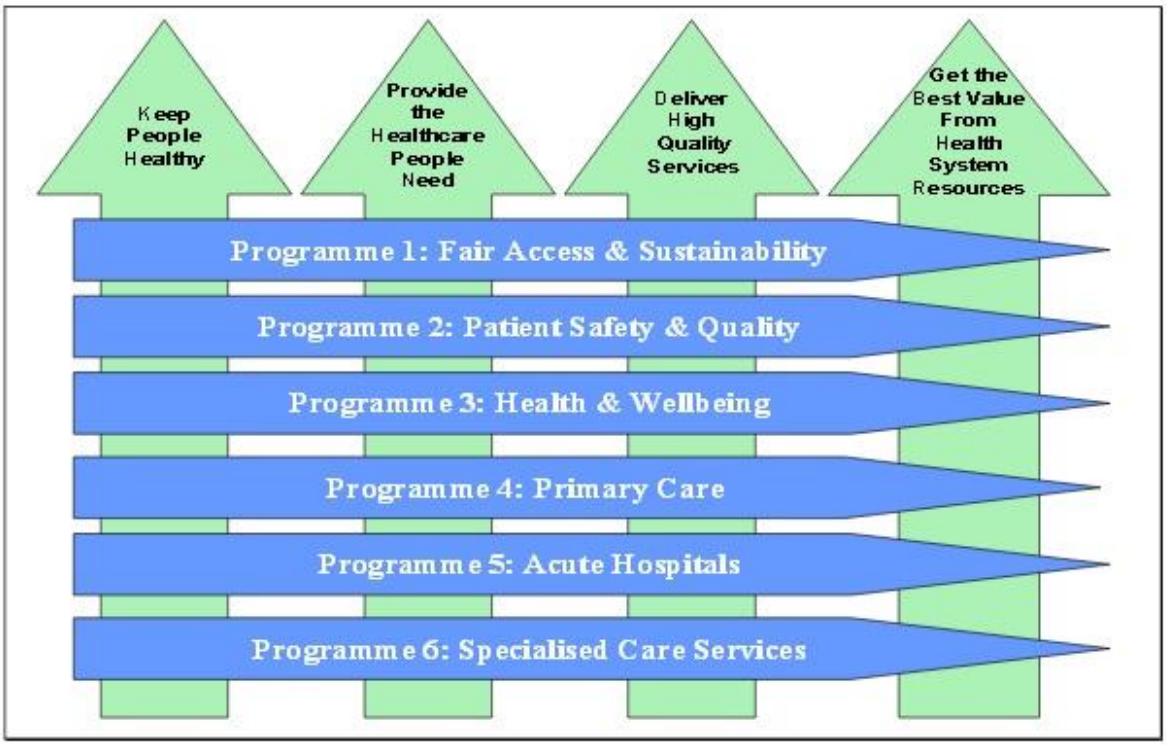
Our ability to benchmark our performance internationally continues to improve through collaborative work within the EU on a standard set of European Community Health Indicators and through work with the WHO and OECD. The Department continued to make a significant contribution to the annual data collection exercises of Eurostat, WHO and OECD. For reference, the OECD published *Health at a Glance Europe* in 2012 which provides

comparative health statistics from OECD European member countries, including Ireland - http://www.oecd.org/els/health-systems/HealthAtAGlanceEurope2012.pdf

Part 2
Strategic Goals

The goals and actions of the Department are organised by strategic programme area and underpinned by four key elements outlined in figure 1 below:

Figure 1: Strategic Programme Areas and Health Sector Objectives



Programme 1 - Fair Access and Sustainability
Goal: To work towards the ultimate achievement of a universal, single-tier health service, supported by Universal Health Insurance (UHI), where access is based on need, not income.

Private Health Insurance
With the passing of the Health Insurance (Amendment) Act, we fulfilled the Programme for Government commitment to introduce a permanent Risk Equalisation Scheme (RES) for the current health insurance market. The RES means that the level of risk posed by a particular consumer to an insurer does not directly affect the premium paid. It makes health insurance affordable for those who need it most by enhancing competition amongst private insurers and ensuring that they do not avoid older people (who are more risky from an insurance perspective) but instead, innovate and provide good customer service.

During 2012, we also progressed work on ensuring the future status of the VHI as a publicly-owned health insurance option when Universal Health Insurance (UHI) is implemented. This work was progressed in the context of a European Court of Justice (ECJ) ruling which requires that the VHI be regulated by the Central Bank.

Universal Health Insurance
The Minister established a Universal Health Insurance Group in February 2012 to assist the Department in developing detailed and costed implementation proposals for universal health insurance (UHI) and in driving the implementation of various elements of the reform programme. The Group consists of a mix of those with executive responsibilities within the health service and external expertise, including international experts.

The Group met on six occasions during 2012 and advised the Department in relation to its work on some of the core building blocks for UHI, including the introduction of a Money Follows the Patient funding system and the creation of Hospital Groups. It also helped to advance initial work on plans for introducing UHI which were set out in a Preliminary Paper on UHI. In line with a commitment in *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*, the Preliminary Paper was produced in 2012 and is set to be published in February 2013.

Programme 2 - Patient Safety and Quality (www.patientsafetyfirst.ie)
Goal: To provide leadership and stewardship of patient safety and quality for the entire health system in line with the vision and recommendations set out by the Commission on Patient Safety and Quality Assurance.

Patient Safety Authority
We continued to work on the establishment of the Patient Safety Authority (PSA), with a view to its establishment in 2013, pending Government approval. We had further meetings of the National Patient Safety Advisory Group to continue work on the implementation of the Report of the Commission on Patient Safety and Quality Assurance and we organised the second National Patient Safety First Conference.

National Clinical Effectiveness Committee
The National Clinical Effectiveness Committee (NCEC) published its Framework for Endorsement of National Clinical Guidelines Versions 1, 2 and 3. The Framework outlines the steps that guideline developers should take in submitting their guidelines for consideration. The NCEC did prioritisation exercises on 21 sets of guidelines and appraisal exercises on 9 sets of guidelines which were submitted by such organisations.

Health Care Associated Infections (HCAIs)
In 2012, MRSA rates were at a 6 year low (from 592 in 2006 to 242 in 2012). We supported the HSE in campaigns like the WHO's Save Lives: Clean Your Hands Campaign and European Antibiotic Awareness Day.

Launch of HIQA's National Standards for Safer Better Healthcare
In 2012, the Minister for Health launched the Health Information and Quality Authority's National Standards for Safer Better Healthcare. The standards mark another significant step forward on the road to a mandatory registration and licensing system of public and private healthcare providers.

Regulation of Health and Social Care Professionals
Under the Health and Social Care Professionals Act (2005), registration boards for health and social care professionals are being established on a phased basis. In total 12 professions are designated under the Act. In 2012, 3 new boards were established, bringing the total to 5.

Programme 3 - Health and Wellbeing
Goal: To help people live healthier and more fulfilling lives and to create social conditions that support good health, including good mental health, on equal terms, for the entire population.

Your Health is Your Wealth: a Policy Framework for a Healthier Ireland 2012 – 2020
Significant progress was made in 2012 on the development of a new policy for improved health and wellbeing. Consultation on the 'Your Health is Your Wealth' policy framework continued with a full public consultation process, targeted consultation meetings with key stakeholders and a number of bilateral interdepartmental meetings. This process informed the development of the policy document 'Healthy Ireland' with the aim of formal publication and launch in early 2013. A Health and Wellbeing Programme was formally established in the Department in 2012 to coordinate the implementation of the Healthy Ireland policy.

Sexual Health
In May 2012 the Department appointed a high level steering group to lead the development of a National Sexual Health Strategy to be submitted to Government in 2013. The Strategy will provide a strategic direction for the delivery of sexual health services. Some of the areas the strategy will focus on include, improving sexual health and wellbeing; the surveillance, testing, treatment and prevention of HIV and STIs; crisis pregnancy; and sexual health education and promotion. The Strategy will be in line with the forthcoming Healthy Ireland Policy Framework.

Alcohol
The Report of the National Substance Misuse Strategy Steering Group was launched in February 2012. The focus of the Steering Group was on alcohol and it was charged with identifying actions that could be used to counter the harm caused by alcohol use and misuse. The report contains a number of recommendations to, inter alia, reduce the consumption of alcohol in general. The recommendations are grouped under the five pillars of Supply Reduction, Prevention, Treatment, Rehabilitation and Research. Real and tangible proposals are currently being prepared on foot of these recommendations. The proposals cover all of the areas mentioned in the report, including legislation on minimum unit pricing; the advertising of alcohol; sponsorship; labelling of alcohol products; and prevention and intervention activities on alcohol.

Tobacco
Smoking is the greatest single cause of preventable illness and premature death in Ireland, killing over 5,200 people a year. The Department of Health's policy in relation to smoking is to promote and subsequently move toward a tobacco free society.

The Tobacco Policy Review Group, which was established by Minister Reilly to identify what further policy proposals might be introduced aimed at reducing the prevalence and initiation of smoking, met regularly during the year.

Minister Reilly supported a Private Members Bill in the Seanad in May 2012 relating to prohibiting smoking in cars with children present. The Minister sought and was granted Government approval to proceed with the progression of this Bill. The Department began working with Senators, the Attorney General's Office, and the Department of Justice in progressing this legislation.

In December 2012, the European Commission published a proposal for a new EU Tobacco Products Directive, the ultimate purpose of which is to reduce the numbers of people smoking. Areas covered by the new proposal include ingredients and emissions, labelling and packaging, traceability and security features, nicotine containing products and cross border distance sales of tobacco. The Department began a public consultation on the proposal prior to Ireland's hosting of the 2013 EU Presidency.

Obesity

The prevalence of overweight and obesity has increased at alarming speed in recent decades, so much so that the World Health Organisation calls it a global epidemic. The disease is now a major public health problem throughout Europe. In Ireland 61% of adults, 1 in 4 primary school children, and 1 in 5 teenagers are overweight or obese.

Overweight and obesity are a public health priority for the Minister for Health. He has established a Special Action Group on Obesity (SAGO) whom he met with regularly in 2012 to progress the obesity prevention agenda. SAGO is concentrating on a range of measures including; Marketing of Food and Drink to Children; Treatment Algorithms; Opportunistic Screening and Monitoring; Vending Machines in Schools and a Physical Activity Plan.

In June 2012 the Minister launched the revised "Healthy Eating Guidelines including the Food Pyramid" aimed at informing citizens about the food and drink choices required for a healthy lifestyle. The guidelines set out in plain and simple language the food servings the Irish population need to consume to maintain health and wellbeing.

In October 2012, a Health Impact Assessment (HIA) carried out by the Steering Group established to oversee the health and economic aspects of introducing a Sugar Sweetened Drinks tax was completed and presented to the Minister for Health for his consideration. Also in 2012 the Minister introduced the Calorie posting in Restaurants initiative which proved to be very popular among the general public and also, in fact, within much of the food industry itself.

Cancer Control

The work undertaken by the Department on cancer control in 2012 is as follows:

- Progress review on implementation of the National Cancer Strategy with the Director of the National Cancer Control Programme, HSE.

- Continuation of work, in conjunction with the HSE, on the National Plan for Radiation Oncology which will result in the development of additional radiotherapy capacity to meet patient needs. The construction of new radiotherapy units for the Phase II sites in Cork University Hospital and Galway University Hospital are included in the HSE's Capital Plan 2012 – 2016 and work is underway to advance these projects. Capital and revenue funding has been committed towards the development of radiotherapy facilities at Altnagelvin with services to commence in 2016.

- Work continued on developing a national colorectal screening programme which commenced in November 2012. The HSE's national colorectal screening programme, BowelScreen, is being introduced on a phased basis to men and women between the ages of 60-69 years. When fully implemented the programme will offer free screening to men and women aged 55-74 every two years.

- Maintaining governance and oversight of the National Cancer Registry.

- The commissioning of an Efficiency Review of the BreastCheck Screening Programme in order to prepare for the age extension of BreastCheck to women up to the age of 69. The review makes a number of recommendations on how the screening process could be enhanced to increase the number screened. The Department will continue to work with the HSE to ensure that national priorities and Programme for Government commitments are met.

- Continuation of work with the All-Ireland Cancer Consortium (AICC), which aims to enhance cooperation and partnership, enabling improved fundamental and clinical research programmes and the translation of research findings into healthcare delivery. Five new workstreams have been established to lead AICC's programmes and activities in the designated scientific focus areas. The work streams have membership from the research and scientific community in Ireland and Northern Ireland and also have a link with the National Cancer Institute in the US.

- Officials continued to participate in the European Partnership for Action Against Cancer and continued to work with the International Agency for Research on Cancer.

National Drugs Strategy 2009-2016

The overall objective of the National Drugs Strategy is to tackle the harm caused to individuals, families and communities by problem drug use and alcohol use in Ireland through the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

The implementation of the 63 actions in the Strategy is pursued across a range of Departments and agencies and solid progress is being made. Implementation of the individual Actions is reviewed at meetings of the Oversight Forum on Drugs, chaired by the Minister Alex White TD, to address any blockages in implementation and to ensure the achievement of successful outcomes.

Supply Reduction

Supply reduction initiatives continued to be implemented through the work of An Garda Siochana, Revenue Custom Service and the Prison Authorities.

Prevention

Prevention measures continued to be implemented through the education sector (built around SPHE) and youth services which aim to build self-esteem among our young people and to promote healthy lifestyles.

Treatment and Rehabilitation
Over 12,500 people in total were in receipt of drug treatment services in 2012, including over 9,400 people in receipt of opioid substitution. More broadly, considerable advances were made in the provision of drug treatment and rehabilitation. Opioid substitution treatment is more widely available and waiting lists are reduced. More detox beds are available, as well as more places in rehabilitation programmes generally, with increasing focus on community detox.

The National Drug Rehabilitation Implementation Committee continued to implement the recommendations of the Report of the Working Group on Drug Rehabilitation by promoting interagency working, care planning and an integrated model of care.

By the end of 2012, needle exchange services were being provided in approximately 50 community pharmacies at various locations outside Dublin. This service will continue to be rolled out with the number of community pharmacies involved expected to increase significantly with a focus on areas of particular need. In Dublin, needle exchange services are provided through HSE clinics, and through voluntary sector providers, so the initiative with community pharmacists will facilitate broad national coverage.

The 2012 allocation across Departments and Agencies for Drug Programmes was approximately €245 million and details of expenditure and allocations are collated on an annual basis by the Drugs Policy Unit.

Review of Drugs Task Forces
On 18 December, the conclusions of a review of Drugs Task Forces undertaken by the Department of Health were announced. The review recommends a series of reforms to better equip the Drugs Task Forces to respond to the current pattern of substance misuse. The key changes include the extension of the remit of Drugs Task Forces to include alcohol addiction. Further measures to improve management and control of funding allocated by Drugs Task Forces are planned during 2013.

National Advisory Committee on Drugs
The National Advisory Committee on Drugs (NACD) advises the Government in relation to the prevalence, prevention, treatment and consequences of drug misuse. During 2012, the NACD produced a number of reports which are listed at Appendix 6.

Drug Treatment Centre Board
The Health (Miscellaneous Provisions) Act 2009 provided for the dissolution of the Drug Treatment Centre Board (DTCB) and the transfer of responsibility for operating the Drug Treatment Centre (DTC) at 30/31 Pearse Street, Dublin 2 to the HSE.

Statutory Instrument Number 493 of 2012 - Health (Miscellaneous Provisions) Act 2009 (Commencement) (Part 5) Order 2012 - came into effect on the 1 January 2013.

International Drugs Issues
An International Drugs Issues Group (IDIG), chaired by the Drugs Policy Unit with representatives from the Department of Justice and Equality, Department of Foreign Affairs and Trade, Revenue's Custom Service, An Garda Síochána, Irish Medicines Board and the Health Research Board continued its work in 2012. The function of this Group is to better co-ordinate Ireland's approach across Departments and agencies to international drugs issues at

the British-Irish Council, EU and UN levels.

In January 2012, an Irish EU Presidency Drugs Steering Group comprising representatives of three Departments – Health, Justice and Equality and Foreign Affairs and Trade was established. During 2012 representatives of the 3 Departments attended meetings of the Horizontal Drugs Group (HDG – the Drugs Policy Unit co-ordinates Ireland's input and attends its meetings) in Brussels and built up a strong level of co-operation with the Cypriot and Lithuanian representatives, as well as with the representatives of the EU Commission, the Council Secretariat and other EU institutions. In addition, discussions were held with the Lithuanian and Greek representatives as part of the preparations for the Trio of Presidencies which starts in January 2013.

Towards the end of 2012 the Irish EU Presidency Drugs Steering Group concentrated on the preparation of preliminary drafts of a new EU Drugs Action Plan with a view to having proposals to table at the start of the Irish Presidency in January 2013.

The British-Irish Council Sectoral Group on the Misuse of Drugs, chaired by the Drugs Policy Unit with representatives from the Governments of the UK, Scotland, Wales, Northern Ireland, Isle of Man, Guernsey, and Jersey, met four times during 2012. This included a Ministerial meeting in Jersey in June during which agreement was reached to include the use and misuse of alcohol in the work of the BIC.

The Drugs Policy Unit represented the Department on the Management Board of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and acted as the Permanent Correspondent to the Pompidou Group.

Programme 4 Primary Care
Goal: To deliver significantly strengthened primary care services with expanded access to GP care free at the point of use and with an enhanced focus on structured care and chronic disease management.

Universal Primary Care
The Government is committed to introducing, on a phased basis, GP care without fees within its first term of office. Primary legislation is required to give effect to the Government commitment to introduce a universal GP service without fees. As part of the first phase, the Office of the Attorney General and the Department worked on the preparation of legislation in 2012.

Initially it is intended to extend GP cover without fees to persons with a defined illness. Primary legislation is required to give effect to this commitment. The Department is currently working on preparing legislation. Once primary legislation has been approved by the Oireachtas, the details of the new arrangements will be announced.

Primary Care Teams
The growth of the multidisciplinary team model strengthens and enhances primary care services. Following changes to Team boundaries across the country to integrate with the HSE's Integrated Service Areas, a number of PCTs have been merged. At the end 2012, 426 PCTs were operating, i.e. holding clinical team meetings on individual client cases and

involving GPs and HSE staff, providing services for almost 4 million of the population. Some 2,500 HSE staff members and over 1,560 GPs are participating in functioning PCTs.

New Primary Care Staff
There was an allocation of €20 million in the 2012 HSE National Service Plan to support the recruitment of prioritised front-line primary care team posts and enhance the capacity of the primary care sector. The HSE identified 251 Primary Care posts for recruitment to Primary Care Teams, based on deprivation and need, as follows:

- 70 Public Health Nurses;
- 37 Registered General Nurses;
- 51 Occupational Therapists;
- 46 Physiotherapists; and
- 47 Speech & Language Therapists

It is the intention to have these posts filled as soon as possible in 2013.

Primary Care Infrastructure
The development of primary care centres, through a combination of public and private investment, will facilitate the delivery of multi-disciplinary primary care and represents a tangible re-focussing of the health service to deliver care in the most appropriate and lowest cost setting. GP engagement and agreement to deliver primary care services from primary care centres shared with HSE health care staff is central to the delivery of the necessary primary care infrastructure. Regardless of the method of delivery or deprivation ranking, locations will not be progressed unless there is committed GP engagement.

In 2012, the HSE completed a major evaluation of primary care infrastructure requirements and prioritised locations based on deprivation and need.

Primary care infrastructure is being delivered using three mechanisms - direct build, the leasing initiative and the PPP initiative. 93 locations with appropriate accommodation to support primary care teams were identified in 2012. The HSE's approved multi-annual Capital Plan 2012-2016 contained provision for developments at a further eight locations. The HSE continued to progress the leasing initiative throughout the year. Healthcare infrastructure was included in the Government's PPP stimulus package announced in July 2012. 35 potential primary care centre locations were included, of which approximately 20 will be offered to the market subject to a) agreement between the local GPs and the HSE on active local GP involvement in the centres and b) site suitability and availability. The preparatory work for the PPP project which precedes signing of any PPP agreements is well underway. While it is not possible, at this time, to give start and completion dates for any of the individual 20 potential locations, the best estimate is that these primary care centres will be completed by late 2016.

National Integrated Care Diabetes Programme
During 2012, work continued on the National Integrated Care Diabetes Programme. The programme is expected to commence on a phased basis in 2013. The programme will improve patient access and manage patient care in an integrated manner across service settings, resulting in better outcomes, enhanced clinical decision making and the most effective use of resources.

IPHA/APMI Agreements
Following intensive negotiations involving the Irish Pharmaceutical Healthcare Association (IPHA), the HSE and the Department of Health, a major new deal on the cost of drugs in the State was concluded in October. It will deliver a number of important benefits, including significant reductions for patients in the cost of drugs; a lowering of the drugs bill to the State; timely access for patients to new cutting-edge drugs for certain conditions, and a reduction in the cost base of the health system into the future. The gross savings arising from this deal will be in excess of €400m over 3 years. €210 million from the gross savings will make available new drugs to patients over 3 years. Thus, the deal will result in a net reduction in the HSE expenditure on drugs of about €190m.

The Department of Health and the HSE have also successfully finalised discussions with the Association of Pharmaceutical Manufacturers in Ireland (APMI), which represents the generic industry, on a new agreement to deliver further savings in the cost of generic drugs. It is estimated that the combined gross savings from the IPHA and APMI deals will be in excess of €120 million in 2013.

Legislation
Health (Provision of General Practitioner Services) Act 2012
The Health (Provision of General Practitioner Services) Act 2012 came into effect on March 12th. The Act provides for the elimination of restrictions on GPs wishing to obtain contracts to treat public patients under the GMS Scheme by opening up access to all fully qualified and vocationally trained GPs. By the end of December 2012, 97 new GMS contracts had issued to GPs under this legislation.

Health (Pricing and Supply of Medical Goods) Bill 2012
The Health (Pricing and Supply of Medical Goods) Bill 2012 was published on 13th July 2012. This Bill provides for the introduction of a system of generic substitution and reference pricing. It also sets out statutory procedures governing the supply, reimbursement and pricing of medicines and other items to patients under the GMS and community drugs schemes. The Bill was initiated in Seanad Éireann in July 2012 and completed Second Stage in Dáil Éireann on 17th December 2012.

Programme 5 Acute Hospitals
Goal: To reform our acute hospital system in order to provide faster access for patients to high quality services and to prepare for the introduction of a single tier system of hospital care supported by Universal Health Insurance.

Special Delivery Unit
Scheduled care - In-patient and daycase
The SDU Scheduled Care Team focused initially on waiting times for in-patient and daycase elective surgery. For 2012, a target was set that no adult should wait longer than 9 months for inpatient or daycase treatment. By the end of December 2012:

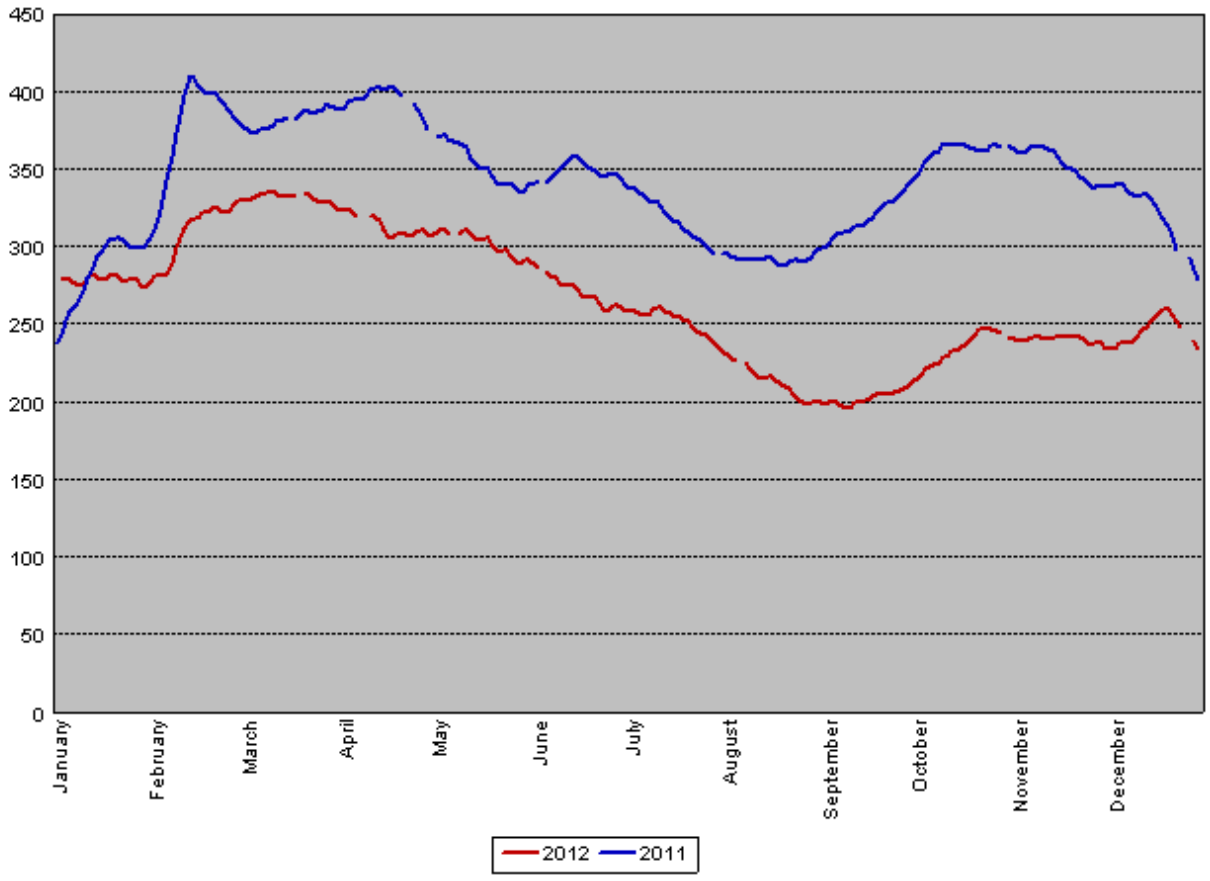
- the number of adults having to wait more than 9 months for inpatient and day case surgery was down to 86 from 3,706 in December 2011, a 98% decrease;
- the number of children waiting over 20 weeks for inpatient or daycase surgery was down to 89 from 1,759 in December 2011, a 95% decrease;

- the number of patients waiting over 13 weeks for a routine endoscopy procedure went down from 4,590 in December 2011 to 36 at the end of December 2012, a 99% decrease.

Scheduled care - Outpatients
A maximum waiting time target has now been set of 12 months for a first time outpatient appointment by 30 November 2013.

Unscheduled care
During 2012, the number of patients awaiting admission on trolleys in Emergency Departments (a key metric in measuring success in managing unscheduled care) was reduced by over 20,000 (20,425, almost 25%). It was and continues to be a key priority initiative for the Special Delivery Unit (SDU) and has been a major challenge for the Department of Health and HSE Management teams in every region. The reduction in numbers was achieved in a climate of reduced funding for health, reconfiguration of services and a growing number of older persons with an overall increase in life expectancy. During the year 2012 success relating to managing Unscheduled care can be measured by achievements of 20,245 (or close to 25 %) fewer patients awaiting admission on trolleys in Emergency Departments nationally.

Drop in trolley numbers at end 2011 and 2012



Hospital Groups
In June 2012, the Minister for Health appointed Professor John Higgins to chair a Strategic Board on the establishment of Hospital Groups. This Board was composed of representatives with both national and international expertise in health service delivery, governance and linkages with academic institutions. A Project Team was established to make

recommendations to the Strategic Board on the composition of hospital groups, governance arrangements, management frameworks and linkages to academic institutions.

Between June and November, the Project Team, led by Professor Higgins, undertook a comprehensive consultation process with management and senior clinicians from hospitals; patient advocates; health agencies; and the clinical programmes and other health service agencies, as well as reviewing a significant number of written submissions.
By the end of 2012 the Project Team was working on finalising a Report to the Minister on its recommendations, taking account of the observations and comments made by the Strategic Board and of issues which have been raised in submissions by a number of key stakeholders.

National Paediatric Hospital
On 6 November, the Government decided that the new children's hospital would be co-located with St James's Hospital on its campus. This followed the refusal of planning permission in February 2012 for the hospital on the Mater campus, and subsequently the establishment of an independent Review Group to consider next steps. See http://www.dohc.ie/press/releases/2012/20121106.html for further details.

The Minister appointed senior officials from the Department of Health and the HSE to the National Paediatric Hospital Development Board as an interim measure aimed at ensuring effective governance and decision-making for the project at this important initial stage.

Cystic Fibrosis
In summer 2012, the Nutley Wing at St Vincent's Hospital, Dublin, opened, the result of almost €30 million in investment. This is a seven-storey development of which two floors contain a dedicated Cystic Fibrosis unit. Under a protocol for the treatment of CF patients at SVUH, signed off in July 2012 with the hospital, the HSE, Department of Health and CFA, up to 34 isolation beds will be made available in the new wing and the 10-bed day unit will be used effectively to help ensure that patients are treated in the optimum setting.

National Ambulance Service
Emergency Aeromedical Support Service Trial
In 2011, the Minister for Health received approaches from a number of private providers for a state-supported dedicated emergency aeromedical support (EAS) service. In cooperation with the Minister for Justice, Equality and Defence, the EAS trial started in June 2012 and will run for 12 months.

The EAS is based in Custume Barracks, Athlone. The Air Corps provides and operates the helicopter, with the clinical service provided by the NAS. The Irish Coast Guard provides additional support from Shannon.

The EAS operates 7 days a week in daylight hours (usually up to 10 hours a day). It is dispatched on request by ambulance crew at an incident, where the land transit time for a patient may be clinically problematic. Missions are tasked by the National Aeromedical Coordination Centre.

Blood and Organs Policy
On 24 April, the Department held a workshop in Dublin Castle on the implications for the hospital system of transposing Directive 2010/53/EU on standards of quality and safety of

human organs intended for transplantation. Approximately 90 stakeholders attended this workshop which provided information on the requirements to be met under the Directive.

Legislation
In 2012, the Clotting Factor Concentrates and Other Biological Products Act 2012 (No 8 of 2012) was enacted. The purpose of this Act is to transfer responsibility for the procurement of the national stock of clotting factor concentrate products used in the treatment of haemophilia and other clotting factor disorders from the Irish Blood Transfusion Service to St James's Hospital which is the National Centre for Hereditary Coagulation Disorders.

Programme 6 Specialised Care Services
Goal: To provide a wide range of long-term supports and services aimed at ensuring that people who need long-term services and care can achieve their full potential and enjoy a high quality of life in the workplace, and within their own homes and communities. This goal encompasses and reflects the Government's policy objectives for particular care groups as set out below:

Disability Services
Value for Money (VFM) and Policy Review of Disability Services
On 20 July, the VFM Review of Disability Services was approved by Government and published. It recommends a significant restructuring of the Disability Services Programme through:

- migration from an approach which is predominantly organised around group-based service delivery towards a model of person-centred, individually chosen, supports; and
- implementation of a more effective method of assessing need, allocating resources and monitoring resource use.

Substantial progress was made by the Department on the development of a national implementation framework for the VFM Review by the end of the year. The Department also liaised with the National Disability Authority and the HSE on the first phase of a resource allocation feasibility study to identify a standard needs assessment tool, one of the core recommendations in the VFM Review.

National Disability Strategy Implementation Plan
During 2012, the Department engaged with the Department of Justice on the development of a National Disability Strategy Implementation Plan. At the end of 2012 the Department's input into the draft plan was at an advanced stage of preparation.

Joint Housing Strategy for People with Disabilities
In July 2012 the Department of Health and the Department of the Environment, Community and Local Government (DECLG) jointly published the National Implementation Framework to support the Government's National Housing Strategy for People with Disability 2011-2016. As part of this process arrangements were made for €1m to transfer from the Health Vote to the Housing Vote in 2013 to provide for the social housing costs of up to 150 people.

During 2012, cross sectoral objectives on housing were advanced through participation in

- the DECLG's Monitoring Committee on the Housing Implementation Plan

- the HSE's National Implementation Group on the Congregated Settings Report
- the National Housing Strategy for People with a Disability Housing Sub-Group.

Draft National Standards for Designated Centres – People with Disabilities
The Programme for Government committed to ensuring that vulnerable people with disabilities in residential services are safeguarded and protected, and that their quality of life is enhanced. The Health Information and Quality Authority (HIQA) has prepared and published standards for this sector, which outline what is expected of a provider of services and what a person with a disability, his or her family, and the public can expect to receive from residential care services. The Programme for Government includes a specific commitment to put these standards on a statutory footing and ensure that the services are inspected by HIQA. The National Quality Standards which have been developed by HIQA were subject to a five week consultation process in October/November 2012. Progress is continuing on finalising the standards, associated regulations and staffing/cost issues with a view to commencing the new regulatory regime in Quarter 3 of 2013.

Children, Adolescents and Young People with Complex Disabilities Unit
The Children, Adolescents and Young People with Complex Disabilities Unit, led by a Principal Officer, was established in the Department of Health during 2012. This important development aims to foster greater collaboration between the Departments of Health, Education and Skills and Children and Youth Affairs on children's disability issues, including autism, and to build on the cross-sectoral working arrangements that are already in place.

Services and supports for school-leavers with disabilities
In 2012 the Department liaised closely with the HSE on the provision of services for school-leavers with disabilities. By the end of the year, 668 school leavers (96%) were placed in either a rehabilitative (RT)/life-skills training place or other day service and 387 (99%) of those graduating from an RT programme were placed in a day service. This has been achieved by the HSE and disability service providers within existing resources.

Respite/Residential Care with Host Families
The Department worked with the HSE on a report of the Working Group on Respite/Residential Care with Host families in Community Settings, which was published in February 2012. This model of service provision is in line with national and international trends towards meeting the needs of people with intellectual disability in more appropriate inclusive settings and offering greater choice and more person centred services. The Report recommends the review and reconfiguration of respite/residential service provision to include the Host Family Support Model of service provision as an element of the overall respite/residential package available.

Mental Health Services
Funding
In 2012, a special allocation of €35 million was provided for mental health to be used primarily to further strengthen Community Mental Health Teams in both adult and children's mental health services. Specifically the funding is to advance activities in the area of suicide prevention, to initiate the provision of psychological and counselling services in primary care, specifically for people with mental health problems, and to facilitate the re-location of mental health service users from institutional care to more independent living arrangements in their communities, in line with A Vision for Change.

414 posts were approved to implement the €35m package of special measures. Up to the end of 2012, 135 posts were filled (contracts signed, of which 62 had commenced work), 208 posts had been accepted subject to process clearances (references, garda vetting etc.) and the remainder were at various stages of selection.

Child and Adolescent Mental Health Services
The core unit of mental health service delivery for children and adolescents is the Community Mental Health Team. In this regard, 150 of the additional 414 posts were allocated to Child and Adolescent Mental Health Teams in 2012.

Suicide Prevention
The provision for suicide prevention increased from €9 million in 2011 to over €12 million in 2012. Over €7 million of this was provided to the National Office for Suicide Prevention to fund voluntary and statutory agencies delivering services in the area of prevention, intervention, postvention and research. This includes an additional €3 million from the €35 million allocation for mental health in 2012. The remaining €5 million for suicide prevention measures was allocated regionally by the HSE for Resource Officers for Suicide Prevention, Self-Harm Liaison Nurses in Hospital Emergency Departments, and local suicide prevention and related general health initiatives,

Key initiatives progressed by the HSE's National Office for Suicide Prevention in 2012 include the provision of a wide range of awareness and training programmes. These include safeTALK and ASIST (Applied Suicide Intervention Training), which trains participants to become more alert to the possibility of suicide in their community, and the continuation of the National Awareness Campaigns which specifically targeted men and young men. A number of partner agencies and projects, which provide support services to young people, also received funding from NOSP.

Central Mental Hospital
Replacing the Central Mental Hospital (CMH) with an appropriate modern facility is one of the priority health projects set out in the Infrastructure & Capital Investment 2012-2016: Medium Term Exchequer Framework. The Minister for Health announced in November 2011 that the CMH would be located at St Ita's Hospital, Portrane, Co. Dublin. This project includes replacement of the CMH, and also development of associated new facilities. Four regional Intensive Care Rehabilitation Units (ICRUs) are also planned, one of which will be located at Portrane.

The Steering Group for this project is in place and members include representatives from Department of Health, Health Service Executive, National Service Users Executive, Irish Advocacy Network, Central Mental Hospital Carer's Group, National Development Finance Agency and representatives from the Central Mental Hospital. The Steering Group met on seven occasions during 2012.

Review of the Mental Health Act 2001
The Mental Health Act 2001 is the key piece of legislation regarding the rights of people involuntarily detained and treated in approved centres within our mental health system and a commitment to review the Act is contained in the current Programme for Government.

In 2012, the Steering Group established to carry out an initial review of the Mental Health Act 2001 finalised its report (it was published on 21 June 2012). It received a broad welcome

from key stakeholders. An Expert Group was subsequently established to carry out the second and substantive phase of the review met for the first of four times in 2012 in September. It is expected that the full review will be completed by mid-year 2013.

Services for Older People

Review of the Nursing Homes Support Scheme

A commitment was made that the Nursing Homes Support Scheme would be reviewed after three years in operation. Taking account of Government policy, demographic trends and the fiscal situation, the review will:

- Examine the ongoing sustainability of the Nursing Homes Support Scheme,
- Examine the overall cost of long-term residential care in public and private nursing homes and the effectiveness of the current methods of negotiating/setting prices,
- Having regard to the above, consider the balance of funding between long-term residential care and community based services,
- Consider the extension of the scheme to community based services and to other sectors (Disability and Mental Health), and
- Make recommendations for the future operation and management of the Scheme.

A public consultation process was undertaken and a summary report of the submissions received was published in December 2012.

National Positive Ageing Strategy

The Programme for Government committed to completing and implementing the National Positive Ageing Strategy so that older people are recognised, supported and enabled to live independent full lives. A considerable amount of work was completed in 2012 and it is intended that the Strategy will be published in the first half of 2013.

National Carers' Strategy

The National Carers' Strategy was published in July 2012. It is a cross-departmental strategy that sets the strategic direction for future policies, services and supports provided by Government Departments and agencies for carers. It sets out a vision and an ambitious set of National Goals and Objectives to guide policy development and service delivery. The Strategy also contains a Roadmap for Implementation, which outlines a suite of actions and associated timelines and identifies the Government Departments with responsibility for the implementation of these Actions.

Each Department has appointed a senior official to take responsibility for relevant actions and for the provision of up-dates to the Cabinet Committee on Social Policy. Each Department will also produce an annual report on progress, which will be published on its website. The Department of Health has responsibility for overseeing overall implementation and a progress report will be produced on a periodic basis over the lifetime of the Strategy and presented to the Cabinet Committee on Social Policy.

As implementation progresses, the Strategy will be reviewed on a periodic basis to consider whether adjustments or additional actions are appropriate.

National Dementia Strategy

The Programme for Government gave a commitment to develop a National Strategy on Dementia to increase awareness, ensure early diagnosis and intervention, and enhance

community based services for people living with this condition, and to do so by the end of 2013. In January 2012, a research review (Creating Excellence in Dementia Care, A Research Review for Ireland's National Dementia Strategy) was published. The review gathers relevant evidence to underpin and inform the Strategy both at formulation and implementation stages and was funded by Atlantic Philanthropies.

A public consultation process concluded in August 2012 and it is intended to publish an analysis of the submissions in early 2013.

European Year for Active Ageing and Solidarity between Generations 2012
The Office for Older People in the Department co-ordinated the European Year for Active Ageing and Solidarity between Generations 2012 in Ireland. A National Steering Group composed of stakeholders with an interest in ageing and intergenerational solidarity between generations was established. Events including three national conferences, partnership arrangements with community and voluntary organisations and a cross-border event were among the highlights of the Year.

The Irish Longitudinal Study on Ageing (TILDA)
The Department continued to support the Irish Longitudinal Study on Ageing (TILDA), a 10 year longitudinal study of the health, social and economic circumstances of a representative sample of over 8,500 people aged over 50 in Ireland. The fieldwork for Wave 2 was completed during 2012. TILDA published two topical reports in Q4 2012, one examining pensions and incomes of Ireland's retirees and the other examined poly-pharmacy in over 50s in Ireland. The study is co-funded by the Department on behalf of the State, the Atlantic Philanthropies and Irish Life.

Other work undertaken by the Office for Older People included

- Management of the Nursing Homes Support Scheme.
- Collaboration with the HSE to achieve full registration of its residential units by HIQA up to 2015.
- Engagement with HSE in progressing a viability plan for future provision of public long-stay care.
- Monitoring the implementation of the HSE Home Care Procurement Framework and VFM review of Home Care Packages.

APPENDICES

Appendix 1
Parliamentary Functions

Parliamentary Questions Responded To	7,588
Adjournments/Topical Debates Responses	167
Leader's Questions	350
Ministerial Representations Received	7,353
Press Releases Issued	150
Press Conferences	13
Press e-mails Received	34,638
Freedom of Information Requests Received	339

Appendix 2
Prompt Payments Jan – Dec 2012

Details	Number	Value (€)	Percentage (%) of total number of payments made
Number of payments made within 15 days	2141	5,233,908	98.12
Number of payments made within 16 days to 30 days	32	188,883	1.46
Number of payments made in excess of 30 days	9	60,037	0.42
Total payments made in Quarter	2182	5,482,828	

The total Prompt Payment Interest paid by the Department in 2012 was €98.22

Appendix 3
Legislation Enacted in 2012

Clotting Factor Concentrates and Other Biological Products Act 2012 (No 8 of 2012)
Criminal Justice (Female Genital Mutilation) Act 2012
Health Insurance (Amendment) Act, 2012
Health and Social Care Professionals (Amendment) Act 2012
Health (Provision of General Practitioner Services) Act 2012

Bills published by the Minister for Health in 2012

Health (Pricing and Supply of Medical Goods) Bill 2012

Statutory Instruments

Number	Title
69	Health (Provision of General Practitioner Services) Act 2012 (Commencement) Order 2012
95	Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, 2012
135	Clotting Factor Concentrates and Other Biological Products Act 2012 (Commencement) Order 2012 (S.I. No 135 of 2012
275	Nurses and Midwives Act 2011 (Commencement) Order 2012
325	European Union (Quality and Safety of Human Organs Intended for Transplantation) Regulations 2012 (S.I. No. 325 of 2012)
359	Health (Miscellaneous Provisions) Act 2012 (Section 17(b)) (Commencement) Order 2012
385	Nurses and Midwives Act 2011 (Commencement) (No. 2) Order 2012
439	Dieticians Registration Board (Establishment Day) Order 2012
440	Occupational Therapists Registration Board (Establishment Day) Order 2012
441	Speech and Language Therapists Registration Board (Establishment Day) Order 2012
493	Health (Miscellaneous Provisions) Act 2009 (Commencement) (Part 5) Order 2012
526	Health (Drug Payment Scheme) Regulations 2012
545	Health (Prescription Charges) Regulations 2012
548	Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2012
553	Health (Delegation of Ministerial Functions) Order 2012

Appendix 4
Publications in 2012

Department of Health Statement of Strategy 2011-2014
Housing Strategy for People with a Disability 2011-2016 National Implementation Framework (published jointly with the Department of the Environment, Community and Local Government, July 2012)
National Carer's Strategy
Report of the Expert Group on the judgment in A, B and C v Ireland
Report on the Review of Drugs Task Forces and the National Structures under which they operate (18 December 2012).
Review of the Nursing Homes Support Scheme – Summary of Submissions
Value for Money and Policy Review of Disability Services in Ireland (July 2012)

Appendix 5
Overview of Energy Usage in 2012

The energy consumption figures for the Department given below cover the Departmental offices at Hawkins House. Approximately one third of energy consumption was for space heating, while lighting, ventilation, hot water, office (IT) and catering equipment accounted for the vast majority of the remaining energy consumption.

The relevant figures for 2012 are:

Location	Electricity (MWh)	Gas (MWh)	Renewable Fuels (MWh)	Total (MWh)	% Baseline Year Comparison (2007)
Hawkins House	1,004	1,417	0	2,421	-7%

The baseline year of 2007 is the first year the Department participated in the OPW "Optimising Power @ Work" scheme, a staff energy awareness campaign in 250 large buildings owned/leased by the OPW for use by Government Departments and state agencies to reduce CO2 emissions from energy consumption by the public sector. The main focus of the campaign is an intensive staff energy awareness campaign in all participating buildings, while at the same time ensuring that the buildings are being operated in the most efficient manner possible regarding all energy consuming processes.

The first phase of the Optimising Power @ Work scheme achieved a 14% reduction in CO2 emissions by May 2010 for the entire public sector (i.e. all participating buildings) and savings continue to rise. The current target is to surpass a reduction of 20% by end 2013.

Overall energy consumption in Hawkins house for the period of 2012 Vs 2007 has shown a decrease of 7%. This is mostly due to a heating upgrade, good housekeeping and maintaining the momentum of the Optimising Power @ Work, energy awareness campaign. As predicted in 2011, Hawkins house performed very well in 2012. The overall saving seen is €22,907

Actions Undertaken in 2012
Last year, the Department undertook a range of initiatives at the three locations to improve energy performance, including:

- Improvements from "turn off" initiatives (PCs and lights)
- Close monitoring of time clocks on mechanical and electrical systems
- Monthly energy reporting
- Optimising Power @ Work energy awareness campaign in progress.
- Energy Awareness Presentations in Hawkins House.
- Insulation works in plant room
- Installation of new boiler
- BMS Upgrade

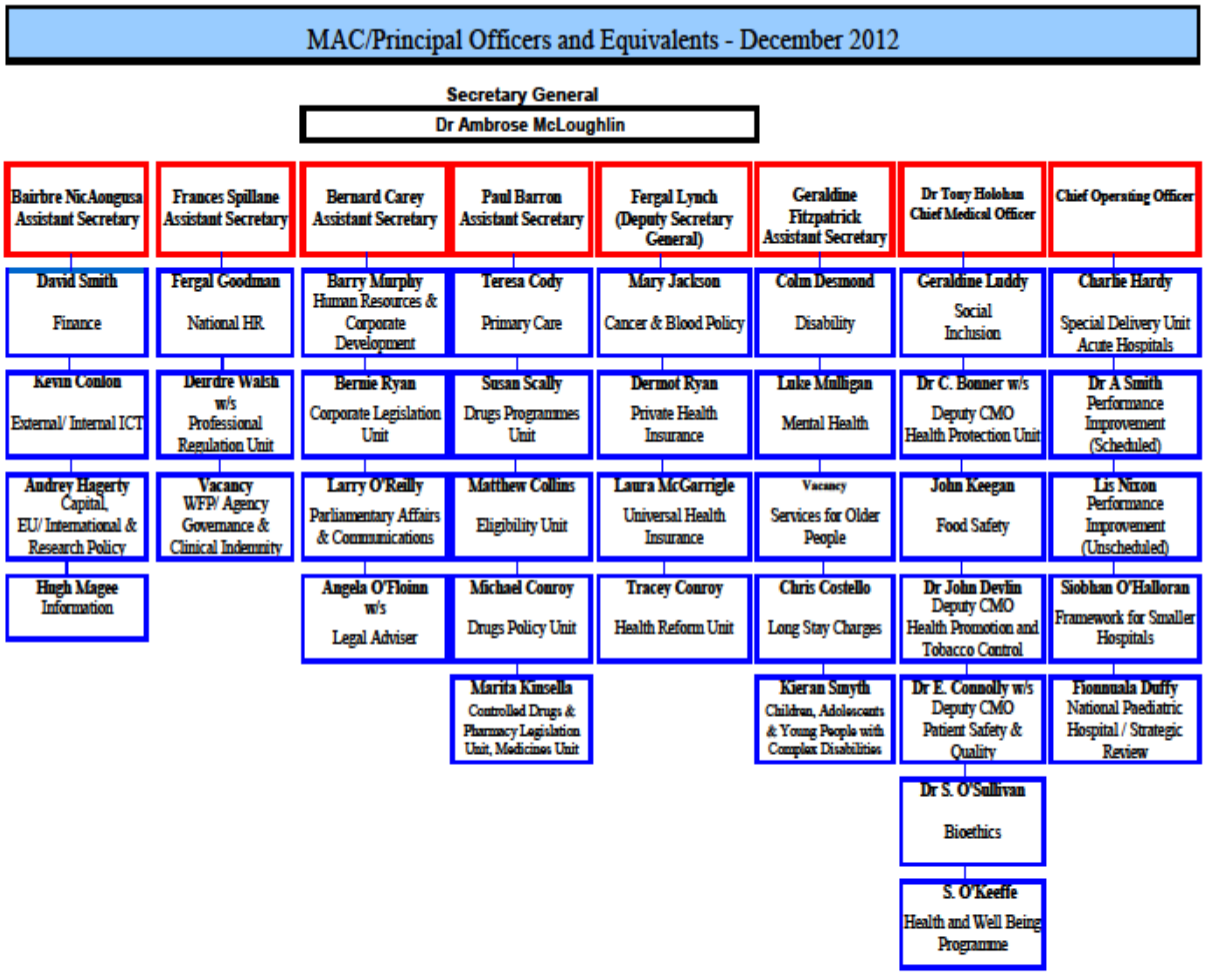
Action Planned for 2013
In 2013 (and subsequent years), the Department intends to achieve further improvements in energy performance and efficiency by taking further initiatives, including:

- Continue to monitor and adjust Heating, Ventilation and Air Conditioning (HVAC) systems
- Review of lighting, with focus on newer, more efficient systems
- Building Management System audits to be carried out
- Out of hours energy audits to be carried out
- Renewed focus on staff awareness with further presentations as required.
- Recalculate benchmarks and HVAC control performance

Appendix 6
Reports produced by the National Advisory Committee on Drugs

June 2012:	Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2010/2011 Regional Drug Task Force (Ireland) and Social Services Trust (Northern Ireland) Results.
September 2012:	Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2010/2011 Alcohol Consumption and Alcohol-Related Harm in Ireland
October 2012:	Drug Use in Ireland and Northern Ireland Drug Prevalence Survey: 2010/2011 Sedatives or Tranquillisers and Anti-Depressants Results

Appendix 7


MAC/Principal Officers and Equivalents - December 2012
Secretary General
Dr Ambrose McLoughlin
Bairbre NicAongusa Assistant Secretary
Frances Spillane Assistant Secretary
Bernard Carey Assistant Secretary
Paul Barron Assistant Secretary
Fergal Lynch (Deputy Secretary General)
Geraldine Fitzpatrick Assistant Secretary
Dr Tony Holohan Chief Medical Officer
Chief Operating Officer
David Smith Finance
Fergal Goodman National HR
Barry Murphy Human Resources & Corporate Development
Teresa Cody Primary Care
Mary Jackson Cancer & Blood Policy
Colm Desmond Disability
Geraldine Luddy Social Inclusion
Charlie Hardy Special Delivery Unit Acute Hospitals
Kevin Conlon External/ Internal ICT
Deirdre Walsh w/s Professional Regulation Unit
Bernie Ryan Corporate Legislation Unit
Susan Scally Drugs Programmes Unit
Dermot Ryan Private Health Insurance
Luke Mulligan Mental Health
Dr C. Bonner w/s Deputy CMO Health Protection Unit
Dr A Smith Performance Improvement (Scheduled)
Andrey Hagerty Capital, EU/ International & Research Policy
Vacancy WFP/ Agency Governance & Clinical Indemnity
Larry O'Reilly Parliamentary Affairs & Communications
Matthew Collins Eligibility Unit
Laura McGarrigle Universal Health Insurance
Vacancy Services for Older People
John Keegan Food Safety
Lis Nixon Performance Improvement (Unscheduled)
Hugh Magee Information
Angela O'Floinn w/s Legal Adviser
Michael Conroy Drugs Policy Unit
Tracey Conroy Health Reform Unit
Chris Costello Long Stay Charges
Dr John Devlin Deputy CMO Health Promotion and Tobacco Control
Siobhan O'Halloran Framework for Smaller Hospitals
Marita Kinsella Controlled Drugs & Pharmacy Legislation Unit, Medicines Unit
Kieran Smyth Children, Adolescents & Young People with Complex Disabilities
Dr E. Connolly w/s Deputy CMO Patient Safety & Quality
Fionnuala Duffy National Paediatric Hospital / Strategic Review
Dr S. O'Sullivan Bioethics
S. O'Keeffe Health and Well Being Programme